

**OFFICE OF PUBLIC DEFENSE**  
**Parents' Representation Program Attorney Invoice**

**INVOICE PERIOD:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_

<b>FIRM NAME:</b> _____  <b>Attorney Name:</b> _____  <b>FIRM ADDRESS:</b> _____  <div style="text-align: right;"><input type="checkbox"/> <b>New Address</b></div>	<b>FIRM TELEPHONE #</b> _____  <b>TAX IDENTIFICATION #</b> _____  _____	<b>FOR OPD USE ONLY</b>  <b>Amount:</b> _____  <b>Account:</b> _____  <b>Posted:</b> _____
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**TOTAL CASES IN CASELOAD THIS MONTH** \_\_\_\_\_ **TOTAL HOURS SPENT** \_\_\_\_\_

**Monthly Invoice amount:** \$ \_\_\_\_\_

**Investigative Services/Social Worker (Consultant):** \$ \_\_\_\_\_  
*Receipts Attached*

**Expert Services (Consultant):** \$ \_\_\_\_\_  
*Receipts Attached*

**TOTAL:** \$ \_\_\_\_\_

**The documentation for all current dependency and termination cases outlining the work performed during the invoice period is attached to this invoice.**

**I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct:**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Place of Signing**

Please submit to: Kelly Sawka, Budget Analyst  
Washington State Office of Public Defense  
P.O. Box 40957  
Olympia, WA, 98504-0957

REVISED 02/07